

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 70/602906

APPLICANT(S) *F*

FILING DATE

CLAIMS

1	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
2	/					
3	/					
4	3					
5	3					
6	3					
7	B3					
8	B3					
9	B3					
10	B3					
11	B3					
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

TOTAL IND.

1  
26

TOTAL DEP.

27

TOTAL CLAIMS

TOTAL IND.

1

TOTAL DEP.

2

TOTAL CLAIMS